

HON. MARCY KAPTUR
Â OF OHIO
IN THE HOUSE OF REPRESENTATIVES
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Ms. KAPTUR. Mr. Speaker, I rise tonight to address the confusing new Medicare Prescription Drug Program, in light of yesterday's visit to my Ohio congressional district by Bush administration Health and Human Services Director Michael Leavitt. Yesterday, Monday, April 3, Secretary Leavitt arrived hours late in a blue bus after people had waited and waited in very cold weather. He spent only a few minutes, shook the hands of a couple of staff people, and spoke briefly with only two hand-picked seniors, and, by the way, spoke to them in front of the news cameras, before making his prepared remarks to the press.

To the one senior that had a chance to ask the Secretary a question, explaining that they could not afford their medicines, he towed the administration line saying, ``This is a good program that helps a lot of people."

When asked by one senior about the program not covering his wife's medication needs, incredibly, the Secretary answered in the same way, and this was to the one person, ``This is a good program that helps a lot of people."

Now, the Secretary had his picture taken. It was on the front page of our newspaper, but of the 79 people in the room, he shook hands with only two, spoke to only one and left. I guess he is doing this all over the country.

The Secretary says, yeah, this program has had a few bumps in the road. It is a new program but we fixed them. No, Mr. Secretary, you have not fixed them and they are more than bumps in the road. The one thing that is guaranteed is that the pharmaceutical companies are making billions.

Here are a couple of comments that have come from consumers and seniors in my district. A husband and wife team says they take five prescriptions each. Under their old plan they had a 20 percent co-pay, but by this summer they will have reached the \$2,250 cap. And the new drug plan is a farce and an insult to seniors of this country because now they are going to have to pay the amounts beyond that and they ask, "Is there anyone that cares or is listening in Washington?"

Another husband wrote, "It is costing my wife and me more per month for the new Medicare coverage premium. The only way we have any coverage is to purchase an insurance policy from a private insurance company. On top of that there are the ridiculous amounts that Medicare has set that won't cover any meds until we reach some huge amount in the thousands of dollars. My wife informed me today she is going off her psychiatric medicine. We used to receive patient assistance directly from the drug manufacturers through a clinic and we can no longer receive the drug samples or any patient assistance. We cannot afford to purchase our meds, Congresswoman. Isn't it wonderful how the Bush government has helped us?"

Another senior writes they find that their medical costs increase at every turn in the road. They currently pay nearly \$6,000 annually for prescriptions of which insurance pays \$600. "For the first four months of the year," this senior says, "I have to pay \$5 for generic drugs, \$18 for preferred drugs, with a cap of \$35 for the brand name drugs. But under this new plan that will increase to \$10, \$25 and \$50. And believe it or not, of the eight prescription drugs I need, only two are on the preferred list for \$25 each and the rest will each cost \$50 each. Congresswoman, please do your part in righting this wrong."

Health professionals have been writing to us. Another senior wrote us, "When I went to the pharmacy to pick up my prescription I brought \$20 with me because that is what I always paid. I couldn't believe it when the pharmacist said I had to pay \$260. I had to leave the pharmacy without medicine. It was embarrassing. How am I going to afford \$260 a month? I just don't have it. I guess the people who are for this plan want us to die."

Mr. Speaker, I rise tonight not just to outline problems with the program, because they are significant, but also to place in the **RECORD** what we can do to fix it. First of all, to let the government negotiate the prices that seniors have to pay with these pharmaceutical companies. They can't stand up to these big companies. We need to extend the deadline this year so that they can try to get qualified for the program, but there is so much confusion out

there. Why should there be a May deadline? We ought to cushion that.

We ought to standardize plans like we did for Medicare part B so there is only 10 standard plans and people know what is in them. We ought to ban the gifts that these pharmaceutical companies are giving to people as lures in order to try to sign them up for these inadequate programs.

We ought to disclose coverage gaps. Companies which do not offer gap coverage should be required to make that fact known in writing.

We ought to disclose plan changes. It should be stated clearly that a company might drop a drug from coverage. We ought to create uniform ID numbers, simplify the application, expand extra help eligibility, and require broad formularies.

There are many other ways to fix this program, Mr. Speaker, but we surely should not put that burden on our seniors.